

**Home Visiting Task Force – Health Connection Workgroup meeting**  
**Thursday, June 14<sup>th</sup>, 2012**  
**12:30 – 2:00 pm**  
**33 W. Monroe, Chicago – 24<sup>th</sup> Floor**

**Health Connections Workgroup Charge:** Develop recommendations for increased coordination between the maternal child health and home visiting systems.

**Meeting Minutes**

**I. Welcome and Introductions**

**Member participation:** Mary Amberger, Anita Berry, Juanona Brewster, Rebecca Bunn, Julie B. Doetsch, Teresa Gulley, Lise Jankowski, Teresa Kelly, Jennifer Martin, Janet Patterson, Chelsea Pearsall, Claudia Quigg (Co-Chair), Leslie Schwartz, Karen A. Scott, Christy Serrano (Staffer), Glendean Sisk (Co-Chair), Julie Spielberger, Gina Swehla, Vikki Thompson, Deb Widenhofer

**II. Review and approve March meeting minutes**

Claudia Quigg asked members to review the meeting minutes from March 19, 2012. Members did not offer any comments or revisions that needed to be made to the meeting minutes. The minutes from March 19, 2012 will be submitted to the Governor's office as final.

**III. Review updated *Comparison of Key Health-Related Components of Home Visiting Program Models***

- Claudia Quigg reviewed the Key Health-Related Components of Home Visiting Program Models document and highlighted the health areas to the group. Claudia Quigg then asked the members if anyone had reviewed the document and a few members spoke up that they had not had the time to review the document carefully.
- Glendean Sisk suggested that the Work Group divide itself into smaller groups (2-3 people) to conduct the task of investigating different health components across the home visiting models. Members of the Work Group volunteered to review the following health components as they relate to the home visiting models and the MIECHV benchmarks: Medical Home Participation, Dental Home Participation, Parent Education and Involvement, Healthy History Assessments and Screenings/Vision Screenings/Hearing Screenings, Oral Health, Breastfeeding/Nutrition and Meal Preparation, Community Collaboration, and Behavioral Health (i.e. mental health, violence, trauma, and substance abuse).
- Sub-Work Groups will identify existing challenges for maternal child health within particular health systems or areas, and analyze how the different home visiting models (EHS, HF, NFP, and PAT) may or may not successfully address these challenges. This work will help identify the types of realistic recommendations that the Work Group is able to make for increasing coordination between the maternal child health and home visiting systems. Examples of the types of recommendations that may be informed by this review include policy, community systems, and/or programmatic

recommendations. Further, recommendations should emphasize how to ensure that families receive consistent and supportive messaging from educators and providers across health systems.

- The Work Group members agreed to report their findings back to the whole Work Group at the next Health Connections Work Group meeting on September 4, 2012.
- Christy will send out Sub-Work Group assignments, member contact information and task instructions to the Work Group members.

#### **IV. MIECHV April Kick-Off Update**

- Teresa Kelly began by giving the Work Group an overview of the MIECHV April Kick-Off event. Teresa Kelly reported that the event feedback she received suggested that the community's questions had been answered and that they had enough information at their disposal to move forward with their work in home visiting. Teresa Kelly also reported that the Project Manager for the MIECHV benchmark database was also in attendance at the Kick-Off and was available to answer questions pertaining to the database development. Regarding the ICAAP project, Teresa Kelly shared that the coordinated intake workers have been identified in the pilot communities and most communities have moved forward in hiring their coordinated intake person.
- Juanona Brewster reported that the enthusiasm she witnessed at the MIECHV April Kick-Off event was great, although it took some time to identify common themes from all the feedback and information they were receiving from attendees. One theme that arose from their conversations was a concern that inconsistent messaging is being delivered to families by the medical homes and home visitors and that sometimes what a home visitor advises the family to do may go against the advice of the medical home. For example, a home visitor might stress the importance of breastfeeding for improving nutrition and bonding, while staff at the medical home will tell the family that infant formula is just as beneficial to the baby as breast milk.
- Juanona Brewster also discussed the importance of professional development as a way to ensure consistent messaging to families across home visiting programs. Juanona Brewster suggested leadership skills training with home visitors so they are able to coordinate appropriate messaging content with the medical homes. It was suggested that consistent messaging could also potentially be developed around the MIECHV benchmarks.
- Medical home providers were not part of the Kick-Off discussion, but ICAAP is connecting with the medical homes in the 6 regions involved in their pilot project about their experiences with home visitors. Janet Patterson asked Juanona Brewster if medical homes in the ICAPP project were primarily community health centers, and Juanona Brewster answered that the kind of participating medical home depended on the differences between their regions. For example, Rockford area will experience a different kind of participation than other areas such as Greater Grand Crossing and Englewood. Also, the medical home's experience with home visitors varies across geographic regions. For example, outside of Cook County medical homes have more knowledge of what home visitors do, and they depend on the participation of home visitors in care coordination more so than within Cook County. This is likely because

there are more resources available to at-risk families within Cook County than there is in other parts of the state.

**V. Work Group Discussion**

- The Work Group discussion of the gaps and areas of need in the existing home visiting models to improve connections to health will take place at the next Health Connections Work Group meeting. Sub-Work Groups will present their findings on their specific health area as it relates to gaps/challenges within the home visiting models in addressing these areas and in addressing the MIECHV Benchmarks
- Claudia Quigg noted that mental health services are not specifically mentioned in the MIECHV benchmarks or in the sections of comparisons within the Key Health-Related Components of Home Visiting Program Models document. The group agreed that the provision of adequate mental health services is a real gap in early childhood health systems. A Sub-Work Group will also investigate how mental health can be addressed through home visiting and where there are identifiable gaps in addressing these needs.

**VI. Discuss initial outcomes/deliverables for work group recommendations**

- Work Group will hold the discussion of initial outcomes and deliverables until our next meeting. When formulating recommendations, the Work Group will identify gaps and where we need to initiate activities through home visiting to meet the needs of children, their families and communities in line with the MIECHV benchmarks. The Work group will also discuss what kind of approach (e.g. public health approach, education and health promotion approach) and recommendations are most appropriate for addressing these gaps (e.g. policy, community systems, and/or programmatic recommendations).

**VII. Next Steps**

- Christy will send out an email to the group with Sub-Work Group contact information and task instructions for reviewing health components in the context of the home visiting models and MIECHV benchmarks. Christy will also support the preliminary research of the Behavioral Health Sub-Work Group.
- Next meeting will be scheduled for September

**Handouts:** WG Agenda; March 23<sup>rd</sup> Draft Meeting Minutes; Draft Grid Comparison of Key Health-Related Components of Home Visiting Program Models; Brief overview of MIECHV Benchmarks;